

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|--|--|
| Date Stamp RECEIVED 2012 JAN 25 AM 8:59 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 460 Page <u>1</u> of <u>6</u> For Official Use Only |
|--|--|

SEE INSTRUCTIONS ON REVERSE

| | |
|---|--|
| Statement covers period from <u>July 1, 2011</u> through <u>December 31, 2011</u> | Date of election if applicable: (Month, Day, Year) <u>November 2, 2010</u> |
|---|--|

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1325481

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rush Hill for Council 2010

STREET ADDRESS (NO P.O. BOX)

115 Twenty Second Street

| | | | |
|-----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach,</u> | <u>CA</u> | <u>92663</u> | <u>949-723-7202</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Roger Alford

MAILING ADDRESS

1862 Tustin Ave.

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach</u> | <u>CA</u> | <u>92660</u> | <u>949-645-3199</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Alan Limon

MAILING ADDRESS

115 Twenty Second Street

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach</u> | <u>CA</u> | <u>92663</u> | <u>949-723-7202</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-21-2012
Date

Executed on 1.23.2012
Date

Executed on _____
Date

Executed on _____
Date

By Roger A. Alford
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rush N Hill, II

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, Newport Beach, CA, District #3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

115 Twenty Second Street Newport Beach, CA 92663

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from July 1, 2011
through December 31, 2011

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2010

I.D. NUMBER

1325481

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>500</u> | \$ <u>500</u> |
| 2. Loans Received Schedule B, Line 3 | | <u>50,000</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | \$ <u>500</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>500</u> | \$ <u>500</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | | |
|---|---------------|-----------------|
| 6. Payments Made Schedule E, Line 4 | \$ _____ | \$ _____ |
| 7. Loans Made Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>625</u> | <u>2,500</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>625</u> | \$ <u>2,500</u> |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-----------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>8,469</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>500</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | |
| 15. Cash Payments Column A, Line 8 above | |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>8,969</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|------------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>8,969</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>52,500</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1, 2011
through December 31, 2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2010

I.D. NUMBER

1325481

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 07-26-11 | National Assoc. of Industrial & Office Properties [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | 500 | 500 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 500

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

| | |
|---|----------------------------|
| Statement covers period from <u>July 1, 2011</u> through <u>December 31, 2011</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2010

I.D. NUMBER

1325481

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------------|--|
| Rush N. Hill, II 115 Twenty Second Street Newport Beach, CA 92663 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Consultant, NRM Resource Management, Inc. | \$ 50,000 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 50,000 12-12-11 DATE DUE | 5% RATE \$ 0 | \$ 50,000 6-29-10 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ 50,000 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | % RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | % RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | \$ | \$ | \$ | 50,000 | \$ | 0 | |

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from July 1, 2011
through December 31, 2011

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rush Hill for Council 2010

I.D. NUMBER

1325481

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Rush N. Hill, II 115 Twenty Second Street Newport Beach, CA 92663 | Interest | 1,875 | 625 | 0 | 2,500 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 1,875 | \$ 625 | \$ 0 | 2,500 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 625
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 625
May be a negative number